

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Office of Local and Rural Health
Charitable Health Care Provider Program

Certification of Eligibility

**Eligibility
Form C**

Head of Household

(optional) _____, _____ MI
Last name(s), First

TODAY'S PATIENT, or (optional, list all family members who may become patients)

_____, _____ MI
Last name(s), First

_____, _____

_____, _____

_____, _____

_____, _____

_____, _____

1. Our total family income is _____ per (Circle one) year month hour

2. How many individuals are supported by this income? _____

3. If you have any of the following health coverages, please check.

Medicare ☐ **Medicaid** ☐ or I have no health insurance ☐
HealthWave ☐ **Blue Cross** ☐ **Other**

This information is correct and I provide it in order to receive care under the Charitable Health Care Provider Program. (KSA)75-6120

*Signature of Applicant
or Parent or Guardian of Applicant*

Date

DIRECTIONS for Staff:

1. Select either the annual, monthly or hourly income from the **Income Eligibility Chart**
2. Find the number in the first column that shows the number of persons supported by total family income
3. From family size number, move right along the line to find the income range that includes the total income for all the workers in the family.
4. Find the income range at the top of the column and mark below
☐ < 100% FPL
☐ 100-149% FPL
☐ 150-174% FPL
☐ 175-200% FPL
☐ > 200% FPL

2005 INCOME and DISCOUNT ELIGIBILITY TABLES

* see source below ANNUAL INCOME					
Number in House-hold	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	< 9,570	9,570 to 14,354	14,355 to 16,747	16,748 to 19,139	> 19,140
2	< 12,830	12,830 to 19,244	19,245 to 22,452	22,453 to 25,659	> 25,660
3	< 16,090	16,090 to 24,134	24,135 to 28,157	28,158 to 32,179	> 32,180
4	< 19,350	19,350 to 29,024	29,025 to 33,862	33,863 to 38,699	> 38,700
5	< 22,610	22,610 to 33,914	33,915 to 39,567	39,568 to 45,219	> 45,220
6	< 25,870	25,870 to 38,804	38,805 to 45,272	45,273 to 51,739	> 51,740
7	< 29,130	29,130 to 43,694	43,695 to 50,977	50,978 to 58,259	> 58,260
8	< 32,390	32,390 to 48,584	48,585 to 56,682	56,683 to 64,779	> 64,780

For family units with more than 8 members, add \$3,260 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

MONTHLY INCOME					
Number in House-hold	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	< 798	798 to 1,195	1,196 to 1,395	1,396 to 1,594	> 1,595
2	< 1,069	1,069 to 1,603	1,604 to 1,870	1,871 to 2,137	> 2,138
3	< 1,341	1,341 to 2,010	2,011 to 2,345	2,346 to 2,681	> 2,682
4	< 1,613	1,613 to 2,418	2,419 to 2,821	2,822 to 3,224	> 3,225
5	< 1,884	1,884 to 2,825	2,826 to 3,296	3,297 to 3,767	> 3,768
6	< 2,156	2,156 to 3,233	3,234 to 3,772	3,773 to 4,311	> 4,312
7	< 2,428	2,428 to 3,640	3,641 to 4,247	4,248 to 4,854	> 4,855
8	< 2,699	2,699 to 4,048	4,049 to 4,723	4,724 to 5,397	> 5,398

HOURLY INCOME					
Number in House-hold	<100% FPL: HOURLY INCOME	100-149% FPL: HOURLY INCOME	150-174% FPL: HOURLY INCOME	175-199% FPL: HOURLY INCOME	<200% FPL HOURLY INCOME
1	< 4.60	4.60 to 6.89	6.90 to 8.04	8.05 to 9.19	> 9.20
2	< 6.17	6.17 to 9.24	9.25 to 10.78	10.79 to 12.33	> 12.34
3	< 7.74	7.74 to 11.59	11.60 to 13.53	13.54 to 15.46	> 15.47
4	< 9.30	9.30 to 13.94	13.95 to 16.27	16.28 to 18.60	> 18.61
5	< 10.87	10.87 to 16.30	16.31 to 19.01	19.02 to 21.73	> 21.74
6	< 12.44	12.44 to 18.65	18.66 to 21.76	21.77 to 24.87	> 24.88
7	< 14.00	14.00 to 21.00	21.01 to 24.50	24.51 to 28.00	> 28.01
8	< 15.57	15.57 to 23.35	23.36 to 27.24	27.25 to 31.13	> 31.14

* SOURCE: Federal Register: Vol. 70, No. 33 Friday, February 18, 2005 <http://aspe.hhs.gov/poverty/05poverty.shtml>

The following table provides an example of a sliding-fee schedule

EXAMPLE Sample DISCOUNT - SLIDING-FEE SCHEDULE					
	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
Discount	100%	75%	50%	25%	0%
Sliding-Fee	Free care	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	Pay Full Charges
Accounting Code	P0	P1	P2	P3	P4

Source: Charitable Provider Manual 2003

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KDHE OLRH prepared February 22, 2005